

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Family-PAC Federal

ADDRESS (number and street) ▼

414 N Orleans Plaza #320

☐ Check if different than previously reported. (ACC)

Chicago

IL

60654

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00362178

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer D Paul Caprio

Signature of Treasurer

D Paul Caprio

[Electronically Filed]

Date

07 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Family-PAC Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		5570.47
(b) Cash on Hand at Beginning of Reporting Period.....	5570.47	
(c) Total Receipts (from Line 19)	16965.0	16965.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22535.47	22535.47
7. Total Disbursements (from Line 31)	24172.97	24172.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-1637.5	-1637.5
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4216.0	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Family-PAC Federal

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16500.0

16500.0

(ii) Unitemized

465.0

465.0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16965.0

16965.0

(b) Political Party Committees

0.0

0.0

(c) Other Political Committees

(such as PACs).....

0.0

0.0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

16965.0

16965.0

12. Transfers From Affiliated/Other

Party Committees.....

0.0

0.0

13. All Loans Received

0.0

0.0

14. Loan Repayments Received.....

0.0

0.0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.0

0.0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.0

0.0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.0

0.0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

16965.0

16965.0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

16965.0

16965.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	23172.97	23172.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23172.97	23172.97
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.0	1000.0
24. Independent Expenditures (use Schedule E)	0.0	0.0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.0	0.0
(b) Political Party Committees	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements	0.0	0.0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24172.97	24172.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24172.97	24172.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16965.0	16965.0
34. Total Contribution Refunds (from Line 28(d))	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16965.0	16965.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	23172.97	23172.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	23172.97	23172.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. Michael Boylan

Mailing Address Info requested

City State Zip Code
 Info requested IL 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Info Requested

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 19 / 2015

Transaction ID : 1436970873821

Amount of Each Receipt this Period

250.0

Check

Full Name (Last, First, Middle Initial)

B. Gene Carter

Mailing Address Info requested

City State Zip Code
 Info requested IL 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Info Requested

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2015

Transaction ID : 1436971941525

Amount of Each Receipt this Period

1000.0

Check

Full Name (Last, First, Middle Initial)

C. Mr Daniel J. Costello, Jr.

Mailing Address 17964 Amberwood

City State Zip Code
 South Bend IN 46635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Home Run Inn

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : 1436971987076

Amount of Each Receipt this Period

250.0

Check

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. Nathan A Hancock

Mailing Address 5 N. 171 Percheron Lane

City State Zip Code
Wayne IL 60184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hancock International

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

01 / 18 / 2015

Transaction ID : 1436970920043

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

B. Peter Huizenga

Mailing Address 2215 York Road Suite 500

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huizenga Capital Management

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

01 / 27 / 2015

Transaction ID : 1436970543603

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

C. Mr John McEnroe

Mailing Address 222 N. LaSalle St. Ste. 2600

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vedder Price

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

01 / 07 / 2015

Transaction ID : 1436971201505

Amount of Each Receipt this Period

5000.0

Check

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. Richard Uihlein

Mailing Address 1396 N. Waukegan Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Uline Industries

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2015

Transaction ID : 1436971016745

Amount of Each Receipt this Period

5000.0

Check

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

16500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Family-PAC Federal

A. Capitol Hill Club

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement Event Expenses

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1436967567009

Amount of Each Disbursement this Period

1344.32

Full Name (Last, First, Middle Initial)

B. Demetra DeMonte

Mailing Address 1931 St. Clair Dr.

City	State	Zip Code
Pekin	IL	61554

Purpose of Disbursement Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
01 19 2015

Transaction ID : 1436969545334

Amount of Each Disbursement this Period

2500.0

Full Name (Last, First, Middle Initial)

C. Hartco Strategies

Mailing Address 8 E St. Se

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : 1436970016331

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15344.32

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Family-PAC Federal

A. Carol Juhl

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '01', the second shows '15', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

619.5

B. Kristin Kolehhouse

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

category	number
A	300.0
B	400.0

C. Kristin Kolehouse

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1219.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. Kristin Kolehouse

Mailing Address 536 W Arlington Pl

City State Zip Code
Chicago IL 60614Purpose of Disbursement
Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 21 2015

Transaction ID : 1436967675597

Amount of Each Disbursement this Period

200.0

Full Name (Last, First, Middle Initial)

B. Kristin Kolehouse

Mailing Address 536 W Arlington Pl

City State Zip Code
Chicago IL 60614Purpose of Disbursement
Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2015

Transaction ID : 1436967729867

Amount of Each Disbursement this Period

200.0

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 352 West Grand Avenue

City State Zip Code
Chicago IL 60654Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 21 2015

Transaction ID : 1436969942982

Amount of Each Disbursement this Period

153.95

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

553.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Family-PAC Federal

00:

Category/
Type

State: District:

MM / DD / YYYY

00

Category/
Type

State: District:

00-

Category/
Type

State: District:

2704.96

Downloaded from <http://ajph.org/> on November 10, 2015

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. Barry Goldwater DinnerMailing Address Info requested
7th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2015

Transaction ID : 1436968950148

Amount of Each Disbursement this Period

636.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hyatt Hotel

Mailing Address One South Capitol Avenue

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Hyatt Regency - DC Trip

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2015

Transaction ID : 1436967976090

Amount of Each Disbursement this Period

405.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Airline

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 07 / 2015

Transaction ID : 1436968523958

Amount of Each Disbursement this Period

636.96

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Family-PAC Federal

278.34

Age Group	Percentage
18-24	225.0
25-34	180.0
35-44	150.0
45-54	120.0
55-64	100.0
65-74	80.0
75-84	60.0
85+	40.0

22826.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Family-PAC Federal

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE LEE INC

Mailing Address 10 WEST BROADWAY SUITE 500

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement
Political Contribution

Candidate Name

Mike Lee

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : 1436969839355

Amount of Each Disbursement this Period

1000.0

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : 1389846966675

Family-PAC Federal

LOAN SOURCE Full Name (Last, First, Middle Initial)

Paul Caprio and Associates

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 414 N Orleans Plaza #320

City Chicago

State IL

ZIP Code 60654

Original Amount of Loan

4000.00

Cumulative Payment To Date

2746.69

Balance Outstanding at Close of This Period

1253.31

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Date Due

M M M / D D D / Y Y Y Y Y Y

None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1253.31

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : 1389847034131

Family-PAC Federal

LOAN SOURCE Full Name (Last, First, Middle Initial)

Paul Caprio and Associates

[PERSONAL FUNDS]

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 414 N Orleans Plaza #320

City Chicago

State IL

ZIP Code 60654

Original Amount of Loan

500.00

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.0

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 18 2013

Date Due

M M / D D / Y Y Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

1753.31

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Family-PAC Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Caprio and Associates

Nature of Debt (Purpose):

Travel Expense

Mailing Address 414 N Orleans Plaza #320

City State

Chicago

Zip Code

IL

60654

Outstanding Balance Beginning This Period

800.0

Transaction ID : 1308031426886

Amount Incurred This Period

0.00

Payment This Period

0.0

Outstanding Balance at Close of This Period

800.0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Caprio and Associates

Nature of Debt (Purpose):

Reception Expense

Mailing Address 414 N Orleans Plaza #320

City State

Chicago

Zip Code

IL

60654

Outstanding Balance Beginning This Period

662.69

Transaction ID : 1308031631355

Amount Incurred This Period

0.00

Payment This Period

0.0

Outstanding Balance at Close of This Period

662.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Caprio and Associates

Nature of Debt (Purpose):

Debt 10/1/2012

Mailing Address 414 N Orleans Plaza #320

City

Chicago

State

IL

Zip Code

60654

Outstanding Balance Beginning This Period

1000.0

Transaction ID : 1351193803338

Amount Incurred This Period

0.00

Payment This Period

0.0

Outstanding Balance at Close of This Period

1000.0

1) SUBTOTALS This Period This Page (optional)..... ►

2462.69

2) TOTALS This Period (last page this line number only)..... ►

2462.69

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

1753.31

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

4216.00